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# FILED
# Mar 20 1997 8:00am
# Secretary of State

PROFIT CORPORATION ANNUAL REPORT

**1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **600421** **(2)**

1. Corporation Name

[redacted]

SOUTHEAST FLORIDA DENTAL GROUP, P.A.

| Principal Place of Business | Mailing Address |
|---|---|
| 12900 N.E. 17TH AVENUE<br>SUITE 500<br>NORTH MIAMI FL 33181 | 12900 N.E. 17TH AVENUE<br>SUITE 500<br>NORTH MIAMI FL 33181-2058 |

| | |
|---|---|
| 3. Date Incorporated or Qualified: 08/21/1968 | 3a. Date of Last Report: 01/30/1996 |
| 4. FEI Number: NOT APPLICABLE | ☐ Applied For ☐ Not Applicable |
| 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No | |

2. Principal Place of Business (21 Street, 22 Suite/Apt. #, 23 City & State, 24 Zip, 25 Country)

2a. Mailing Address (26 Street, 27 Suite/Apt. #, 28 City & State, 29 Zip, 30 Country)

9. Name and Address of Current Registered Agent

AGRON, NORTON H.
12900 NE 17TH AVENUE #500
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE [NOTE: Registered Agent signature required when reinstating] DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P | 1.1 TITLE | D ☐ Change ☒ Addition |
| NAME | MEISELMAN,BARRY | 1.2 NAME | HERSKOWICH, DAVID |
| STREET ADDRESS | 12900 NE 17TH AVE #500 | 1.3 STREET ADDRESS | 12900 NE 17th Ave #500 |
| CITY-ST-ZIP | N. MIAMI FL | 1.4 CITY-ST-ZIP | N. Miami, FL |
| TITLE | VP ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | AGRON, NORTON | 2.2 NAME | |
| STREET ADDRESS | 12900 NE 17TH AVE #500 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | N. MIAMI FL | 2.4 CITY-ST-ZIP | |
| TITLE | S ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | BRANT, LAWRENCE | 3.2 NAME | |
| STREET ADDRESS | 12900 NE 17TH AVE #500 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | N. MIAMI FL | 3.4 CITY-ST-ZIP | |
| TITLE | D ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | LEVINSON, MARVIN | 4.2 NAME | |
| STREET ADDRESS | 12900 NE 17TH AVE #500 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | N. MIAMI FL | 4.4 CITY-ST-ZIP | |
| TITLE | D ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | GRUMET, ROBERT | 5.2 NAME | |
| STREET ADDRESS | 12900 NE 17TH AVE #500 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | N. MIAMI FL | 5.4 CITY-ST-ZIP | VB 3-20 |
| TITLE | D ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | ZIONTS, DAVID | 6.2 NAME | 100002120721 |
| STREET ADDRESS | 12900 NE 17 AV #500 | 6.3 STREET ADDRESS | -03/21/97--01008--033 |
| CITY-ST-ZIP | N MIAMI FL | 6.4 CITY-ST-ZIP | ***165.00 |

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added to this report.

**SIGNATURE:** [signature] PRS NORTON H AGRON PDS - VICE PRESIDENT 3/11/97 305 891-0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0247070